PENNSYLVANIA STATE FIRE ACADEMY
LOCAL LEVEL FIRE TRAINING SYSTEM
OFFICIAL STUDENT REGISTRATION FORM
Directions to the Student: Please PRINT all information legibly – Your certificate is printed with this information

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Course name:_____ Course code: _____ Location:_____

County_____ Starting date:_____ Lead Instructor_____

LAST Name	First name	MI	SSN	Mailing Address Street, city, state, zip	Home Phone (AC) #	e-mail	Affiliation	Insurance Yes	No

THE PENNSYLVANIA STATE FIRE ACADEMY ASSUMES NO LIABILITY